

Principal Risk Description	Risk Level		Over-all Risk Level	Expected Controls	Assurances including categorisation	Gaps in controls Including evidence from items on risk register	Gaps in Assurances	Actions required/Timescale and Lead Officer/ Progress
	Impact	Likelihood						

The Whittington Hospital NHS Trust
Board Assurance Framework revised January 2009

1. To consistently meet regulated standards of clinical care, delivered through a framework of well governed systems and processes.

2009-10 Directorate objectives:

OP1, OP2, MD1, MD2, MD3, NU1, NU2, NU3, PC3, FA1, HR1, HR2, IN3, IN4, PP3, AD1, AD3

Care Quality Commission core standards:

C1 patient safety, C2 child protection, C3 NICE guidance, C4 reducing infections, C5 evidence based practice, C15 food & nutrition

1.1	Risk of poor clinical outcomes Objective: MD1 NU1 AD3 AP 3.4.1	4	3	12 Green to amb	<p>Incident and SUI reporting well established and policy up to date.</p> <p>Departmental audit meetings review clinical outcomes regularly.</p> <p>Care pathways implemented and followed in appropriate settings</p> <p>Up to date information available to clinical and other staff via intranet and internet</p> <p>Risk management awareness and training</p>	<p>Dr Foster data used by clinical groups regularly</p> <p>Regular Clinical Governance Committee Reporting to Audit Committee since June 2008 bimonthly Dashboard Report to TB since March 2008 monthly Clinical audit programme mapped to national priorities Health commission standards being assessed</p> <p>Patient safety first campaign action plan approved by board March 2009. Progress report to September board.</p> <p>Audit of out-of-ITU cardiac arrests</p> <p>Substantial Assurance</p>	Evidence from red-rated risks recorded in the risk register	None identified	<p>Introduction of Medical Early Warning scores Jan 2010 GIC</p> <p>Review and improve patient transfer arrangements with Queen Square. New SOP under development (GM with consultant) By April 2010 GIC</p> <p>Training, dissemination of policies, supervision mentorship</p> <p>Medical and Nursing directors ongoing</p> <p>GIC</p>
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GIC = gap in control
GIA = gap in assurance

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1.2	<p>Insufficient numbers of staff in key areas to provide adequate clinical care</p> <p>Objectives: OP1 HR2</p> <p>AP 3.3.1</p>	4	3	12	<p>Local management responsible for identifying if insufficient staff to relevant director/ HMB</p> <p>Early plans developed to address issues</p>	<p>Executive Committee monitors staff numbers against activity on a weekly basis.</p> <p>Internal management review.</p> <p>SHA review regular reports e.g. on vacancies.</p> <p>Substantial Assurance</p>	<p>Recruitment and retention difficulties for middle grade doctors in ED, paed, O&G and anaesthetics (London wide problem)</p>	<p>None identified</p>	<p>Recruitment drive in India for ED (ED consultant)</p> <p>Director of Ops High priority March 2010</p> <p>GIC</p>
1.3	<p>Failure to plan effectively to meet the requirements of a pandemic e.g. swine flu</p> <p>Objective: OP1</p> <p>AP reference to winter pressures 3.4.1</p>	4	2	8	<p>Detailed plan developed</p>	<p>Plan agreed by HMB and SHA</p> <p>Flu resilience plan rated green by NHS London</p> <p>Substantial Assurance</p>	<p>Lack of mission critical medical consumables store on site.</p>		<p>Agreed plan with NHS supply chain, Director Ops and infection control. Facilities to locate storage area March 2010</p> <p>Director of Facilities High priority</p> <p>GIC</p>
1.4	<p>Failure to provide adequate decontamination services</p> <p>Objective: AD3</p> <p>AP 3.3.1</p>	4	3	12	<p>Operational protocols in place</p> <p>Monitoring of incidents</p> <p>Staff training programme</p> <p>User group meetings</p> <p>Use of 49-point survey to establish cleaning</p>	<p>Part of Northwest London Joint Venture (NWLJV) project.</p> <p>Clinical governance steering group and TB review clinical incidents</p> <p>Decontamination Committee</p> <p>Infection Control Committee</p>	<p>Findings of CQC hygiene code inspection. Report dated Dec 2009</p>	<p>NWL project service transition postponed twice. New transition date 8 Feb 2010</p>	<p>Equipment washer use has been suspended due to delays in transfer of Sterile Services to off site provider.</p> <p>New endoscopy unit fully operational</p> <p>GIA</p> <p>JAG assessment complete</p>

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					<p>efficiency of ward based equipment Deep clean facility using HTM2030 compliant washer for all non-electrical ward based equipment (i.e. commodes)</p> <p>Medical Equipment Library to ensure that all electrical medical devices are subject to regular cleaning using approved methods</p>	<p>Annual systems and department audit</p> <p>Local implementation team working towards transition of services off site from 8 Feb 2010</p> <p>Substantial Assurance</p>		Director of Facilities High priority
1.5	Failure to replace medical equipment to keep pace with technology and demand (New risk from RR)	3	4	12	<p>5 year capital investment plan</p> <p>Annual medical equipment plan approved by the Medical Devices Group</p>	<p>Capital Monitoring Committee reporting to board.</p> <p>Managed Equipment Service and Investment Committee for Imaging</p> <p>Centralised medical equipment asset register identifying all medical and laboratory equipment and expected replacement dates</p> <p>Medical devices group reports to clinical governance committee</p> <p>Resuscitation Committee reports to the clinical governance committee</p>	<p>Poor state of resuscitation equipment and inadequate stock control of disposables. Initial RR rating 5x4=20 (red)</p>	<p>None identified</p> <p>Procurement of new replacement equipment Director of Facilities Dec 09</p> <p>Establishment of centralised consumables store Director of Nursing Dec 09</p> <p>Review of staff resources Director of Ops GIC</p>

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2. To improve our operational management to achieve resource efficiencies and continuous service improvement

2009/10 Directorate objectives:

OP1, OP2, OP3, MD1, MD2, MD3, NU1, NU2, NU3, PC1, PC2, PC3, FA1, FA2, HR1, HR2, HR3, IN1, IN2, IN3, IN4, PP1, PP2, PP3, FD1, FD2, FD3, AD1, AD3, AD4

Healthcare Commission core standards:

C1 patient safety, C5 evidence based practice, C7 corporate & clinical governance, C8 leadership & accountability
C9 records management, C15 food & nutrition, C18 equality & choice, C24 major incident planning

2.1	Failure to meet healthcare core targets as set out in NHS operating framework, and other performance and SLA targets, with the possibility of financial penalties Moved from section 1 and now incorporates 18 week target	4	4	16 Amb to red	Service plans in place Establishment and recruitment strategy	EDIS (system) monitoring and control Performance monitoring –all HMB & TB meetings (internal and external) from April 2008 to present Dashboard reports from March 2008 to present	Weak booking systems in some service areas Problems with cancer 62 day target in some specialties	None identified	Action plans to address issues. Action Plan agreed and signed off by senior management and clinical team. Daily meetings to review breaches and address causes Director of Ops March 2010 High priority GIC
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	Objective: OP1, OP2 MD2 NU1, NU2 AD1, AD3 AP 3.4.1					Daily reports on potential breaches of 18wk target with actions identified Monthly reports to NHS London re cancer target performance. Agreed trajectory for meeting 2 week breast cancer target and associated action plan Quarterly reports to NHS London Substantial Assurance			January dashboard GIC Director of Operations High priority
2.2	Failure of data security (loss or breach of confidentiality) leading to potential civil or criminal action and damage to reputation	4	3	12	Encryption across all portable media Up to date IT Security policy and mandatory training for all staff	Encryption in place for all Trust laptops. Up to date IT Security policy in place and mandatory training for all staff from Sept 2009. Now included in mandatory training for all new starter and all clinical staff.	No encryption yet for USB memory sticks and CD burning as CfH data loss protection software does not function properly. A further procurement by CfH to address this has now happened and the new software is being installed and tested	None identified	Testing in IM&T in December 2009. Roll-out to Trust for completion end Feb 2010 IM&T consultant High priority GIC

3. To deliver excellence in customer care, by being caring and responsive in every patient contact.

2009/10 Directorate objectives:

OP1, OP2, NU2, NU3, PC1, PC2, PC3, FA1, FA2, FA3, HR1, IN1, IN3, IN4, AD1, AD3

Healthcare Commission core standards:

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C13 dignity & respect, C14 complaints management, C15 food & nutrition, C16 patient information, C17 patient feedback, C18 equality & choice

3.1	Failure to implement the Whittington service promise Objectives: OP2 NU2 PC1, PC3 FA1, FA2, FA3 AD1, AD3 AP not referenced	4	3	12	HMB & TB reports on progress of implementation	HCC and local patient surveys New feedback from hand held electronic short surveys Dashboard Report Reduction in complaints Limited assurance	Inadequate trend analysis due to period of detailed data.	Fuller evidence-based reporting to TB	Update march Trust Board. Fully Implement customer focussed marketing strategy by April 2010. GIC GIA Director of Primary Care High priority
3.2	Service quality compromised through reactive cost reduction	4	3	12	Dashboard reports to Trust Board, Hospital Management Board and Divisional Boards on performance against the key performance indicators in the clinical quality, patient experience, access and targets and workforce domains. Reports from Clinical governance committee to Audit committee	SMR HCC and local patient surveys Staff survey results Complaints reports HAI rates Risk register review of risk action plan Board assurance framework review of risk Target performance Substantial assurance	None identified	None identified	Early budget-setting under general manager supervision reporting to Business Planning Group All directors Dir of Planning and Performance March 2010

4. Provide a safe and sustainable environment for the delivery of healthcare, by modernising and improving the clinical estate.

2009/10 Directorate objectives:

OP2, OP3, MD1, MD2, MD3, NU1, PC3, FA1, HR1, PP4

Healthcare Commission core standards:

C13 dignity & respect, C20 environment, C21 cleanliness

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4.1	<p>Insufficient investment in the physical environment and failure to redevelop effectively the hospital site to accommodate future business requirements</p> <p>Objective: PP1, PP4 AD1, AD2, AD3,AD4</p> <p>AP 3.3.1</p>	4	4	16 Amb to red	<p>Estates strategy</p> <p>5-year capital programme based on business and estate needs</p> <p>Compliance with legal requirement re H&S and DDA</p>	<p>ERIC (Estates Return Information Consortium) returns</p> <p>Business Planning Group, Capital Monitoring Committee</p> <p>Reporting to Trust Board via Executive Committee and Audit Committee</p> <p>Substantial assurance</p>	-	<p>Uncertainty over NCL strategy</p> <p>Insufficient evidence of affordability and competing demands for space envelope</p>	<p>Interim maternity scheme to be completed Over a three year period to 2013 Director of Facilities</p> <p>High priority</p> <p>GIA</p> <p>Future requirements dependent on outcome of NCL reconfiguration plans</p> <p>Lead. CEO</p> <p>GIA</p>
4.2	<p>Failure by WFL and their facilities management service provider to deliver a safe and effective service to the GNB and new acute wing, giving rise to Trust exposure to PFI legal and statutory non-compliances that cannot be addressed through the payment mechanism</p> <p>Objective: not referenced</p> <p>AP 3.3.1</p>	4	3	12	<p>Weekly operational meetings with JASL</p> <p>Monthly performance monitoring meetings with WFL</p> <p>Effective application of payment mechanism</p> <p>Robust performance management data from WFL/JASL</p> <p>Dedicated performance monitoring officer</p> <p>Planet FM operational database</p>	<p>Monthly liaison committee meetings (or as often as required) formally reported to EC</p> <p>Independent survey commissioned August 2008</p> <p>Legal opinion on options</p> <p>Substantial assurance</p>	Trust/WFL H&S committee established wef Jan2010		<p>Capitec DDCA process completed and follow-up audit report received June 2009. Indications are that there are no issues remaining as unresolved.</p> <p>Lead Director of Facilities</p> <p>High priority</p>

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				PPM condition B action plan from JASL				
				Trust/WFL H&S Committee				

5. To position the Whittington as an integral part of the local community's health resource and the hospital of choice for local people.

2009/10 Directorate objectives:

MD2, PC1, PC2, PC3, FA3, IN3, IN4, AD2, AD3

Healthcare Commission core standards:

C6 working with other organisations, C22 reducing inequality, C23 health promotion

5.1	Adverse changes in strategic decisions of commissioners of services Objectives: PC1, PC2, PC3 PP1 AD2 AP 3.3.1	5	3	15	Business planning and LDP process Signed SLAs with commissioners SHA strategic planning SLA – Trust/PCT - monitoring meetings Primary Care Interface Group meetings	Regular CEO/PCT meetings bimonthly CEO regular liaison monthly TB review position regularly SLA for 2009-10 signed end March 2009 Substantial Assurance	None identified	Uncertainty about Healthcare for London and NCL strategy Investment by PCT in independent sector contracts (ISC) Lack of clarity of governance arrangements for the PCT joint commissioning agency	PCT will roll up decision on urgent care provision following closed consultation with the strategic review and development of the emergent polysystem model – Consultation Autumn 2010 Discussions ongoing through the SLA monitoring process on the use of ISC by the PCTs GIA Director of Planning and Performance/Director of Ops
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5.2	<p>Reputation damage leads to loss of public confidence affecting choice & demand</p> <p>Objective: PC1 AD1,AD2, AD3</p> <p>AP not referenced</p>	5	2	10	<p>Whittington Promise</p> <p>Damage limitation strategy</p> <p>Reputation awareness and assessment</p>	<p>Regular local patient surveys and HCC surveys</p> <p>Regularly report to HMB & TB</p> <p>Systematic consideration of reputational aspects of all risks at EC</p> <p>Mitigations through actions and communications</p> <p>Role of Council of Governors as ambassadors and sources of feedback</p> <p>Membership engagement</p> <p>Substantial Assurance</p>	<p>Whittington Promise not yet fully embedded</p>	<p>Insufficient information from stakeholder surveys</p> <p>Comprehensive dashboard indicators not yet complete</p>	<p>Customer Focused marketing and patient experience strategies being implemented. Target April 2010</p> <p>Further development of dashboard indicators</p> <p>Director of Primary Care Director of Planning and Performance Medium priority</p> <p>Continuous w-i-p</p> <p>GIC GIA</p>

6. To employ competent, motivated staff who place the interests of patients first

2009/10 Directorate objectives:

OP3, MD1,MD3, NU1, NU2, NU3, PC1,PC2,PC3, FA1,FA2 HR1, HR2, HR3, IN1, PP2, PP3, FD2, FD3, AD1, AD2, AD3

Healthcare Commission core standards:

C8 leadership & accountability, C10 employment, C11 education & development, C13 dignity & respect

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6.1	Inability to recruit adequately skilled non-clinical staff and develop staff competencies sufficient to deliver services and meet quality objectives Objective: HR1 AD1 AP 3.3.1	4	3	12	Monitoring recruitment and retention rates by the HMB & TB in dashboard IWL Steering Group to review regularly	Achievement of Improving working lives practice plus validation Improved scoring in staff attitude survey Establishment of education and development strategy group Substantial assurance		Follow up internal audit	Recommendations of internal audit HR training review now implemented in accordance with agreed timescales Recommendations of Education Review July 2009 implemented GIA Director of HR High priority

7. To be financially robust and achieve a surplus every year

2009/10 Directorate objectives:

OP1, OP2, OP3, MD3, NU1, PC1, PC2, PC3, HR1, HR3, IN2, PP1, PP2, PP4, PP5, FD1, FD2, FD3

ALE (Auditors and Local Evaluation) Assessment:

7.1	Failure to maximise income due to inaccurate data collection, especially in relation to Payment by results Objectives: IN2 AD4	4	3	12	Finance Plan in place Regular reviews of position by every HMB and TB SLAs in place with PCTs Project team and action plan in place to increase capture of activity	Internal Audits Peer review HMB monitors financial position monthly TB monitors financial position monthly External Audit and review of PbR coding quality Late data entry report to project team	Data quality for Service Line Reporting Completeness of data for unbundled activity and out-patients under HRG4	None identified	Continuous programme of identification of gaps in data capture and data quality Director of Planning and Performance High priority GIC
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	AP 3.1.1, 3.3.1					Substantial Assurance			
7.2	<p>Base costs increase by a greater amount than identified in the annual plan such that services cannot be provided within tariff</p> <p>Objective: PP3 FD2, FD3 AD4</p> <p>AP 3.1.1</p>	4	3	12	Tight control through Executive Team, HMB Business Planning Group	<p>TB monitor overall position every meeting</p> <p>PCTs performance management review monthly</p> <p>Substantial Assurance</p>	Inability to control costs influenced by national policies, eg, inflation implementation of NICE guidelines, consultant contracts MPET funding Service level costing being implemented	None identified	<p>Ensure financial implications of national policies are assessed, ongoing, Included in 5 year annual plan</p> <p>Dir of Finance GIA High priority</p> <p>Continue roll-out of service level costing, reporting and management</p> <p>Dir of Planning & Performance (GIA) High priority March 2010</p>
7.3	<p>2009-10 Cost improvement and increased productivity programme is not achieved leading to budget overspend</p> <p>Objectives: OP1, OP2, OP3 MD3 ND1 HR1, HR3 IN2 AD3, AD4 PC1, PC2, PC3 FD1, FD2, FD3 CE2</p>	3	5	15	<p>CIP schemes in place to achieve breakeven</p> <p>Good quality and timely financial information</p> <p>Compliance with SFIs and procurement procedures including the booking of bank and agency staff</p> <p>Monthly meetings with budget holders KPI included in appraisal process</p>	<p>Exec Committee HMB & TB monitor at every meeting</p> <p>Weekly meetings by Directors with CEO to examine in detail performance against each scheme</p> <p>Efficient services collaborative established to support the work in the Directorates to ensure delivery and risk assessment</p>	Inadequate sanctions for overspending in appraisal process		<p>Action plans underway to reduce spend in top 25 overspending areas</p> <p>Vacancies reviewed to determine whether the posts can be removed</p> <p>Action plans to be implemented to reduce spend in the top 25 overspending areas March 2010</p> <p>GIC</p> <p>Director of Finance Director of Planning and</p>

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	AP 3.1.1					<p>Dedicated finance manager to monitor actual release of savings from budgets</p> <p>EC and TB monitoring through dashboard and finance report</p> <p>Quarterly report to NHS London</p> <p>Internal audit reports</p> <p>Substantial Assurance</p>			<p>Performance</p> <p>High priority</p> <p>Director of Finance Director of Planning and Performance</p> <p>High Priority</p> <p>GIC</p>
7.4	<p>SIFT allocation materially reduced from 2010/11</p> <p>Objectives: AD4</p> <p>AP 3.3.1</p>	4	3	12	Participate in SHA modelling exercise and validate data.	Report to TB	Outcome is mainly outside the control of the Trust.	None identified	<p>Impact will be in 2010/11 with decision known during 2009/10. A transitional arrangement is expected which would cap gains and losses. Impact to be reflected when known and options for restoring viability may need to be identified.</p> <p>RM March 2010</p> <p>GIC</p>

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7.5	Economic recession resulting in lower growth in allocations combined with higher morbidity and demand Objective: PP1 FD3 AD2,AD4 AP 3.3.1	4	4	16	Contingency planning Partnership working with PCTs	Report to TB Quarterly report to NHS London	Outcome outside the control of the trust	None	Economic horizon scanning Risk reflected in Annual Plan Implementation of primary care marketing strategy Ongoing
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8. Collaborating with other agencies to shape the delivery of healthcare in the locality

2009/10 Directorate objectives:

OP2, NU1, PC1,PC2,PC3, FA3,IN1, IN3, IN4, PP1,

Healthcare Commission core standards:

C6 working with other organisations, C22 reducing inequality, C23 health promotion

8.1	Failure to agree a sustainable solution for the provider landscape – and breakdown in collaboration across organisational boundaries	4	4	16 Amb to red	Clinically and financially sustainable organisations within a reconfigured NCL health economy meeting the needs of the population and implementing the HfL strategy	Trust actively involved in the E&Y review on behalf of the Acute commissioning agency of the services configuration for NCL. Trust working with RFH to review the acute healthcare needs for the total catchment population to determine how HfL could be implemented and deliver cost reductions in the challenged economic climate. Trust approaching the Autonomous Provider		CEO and Chairman actively involved in strategic working groups at NHS London and meeting with peers within NCL to inform Acute Commissioning Agency planning	Future dependent on outcome of NCL reconfiguration plans Jan 2010 GIA Lead: CEO High priority
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					Organisations to undertake a review of the potential for increased collaboration across the primary secondary care interface which meets local needs and achieves clinical quality and efficiency and cost reduction Limited assurance			

9. Reducing hospitalisation (admissions, attendances and length of stay)

2009/10 Directorate objectives: OP1, OP2, OP3, MD1,MD2, NU1, PC3, FA1, IN4,PP1, PP2, AD3, AD4

Healthcare Commission core standards:

C4 reducing infections, C6 working with other organisations, C5 evidence based practice

9.1	Failure to reduce rates of healthcare acquired infection Objective: NU1 AP 3.3.1, 3.4.1	4	2	8 Amb to green	Compliance with the Hygiene Code (Health Act 2006) Bed management policy	Report to HMB , TB Monitoring by SHA Healthcare Commission Standards 'Saving Lives' benchmarking audits in place Report by DoH team Nov 2007, August 2008 Reports to Infection Control Committee and Trust Board SUI Report Substantial Assurance	Insufficient isolation facilities Non-Achievement of 100% screening rates for all admissions and 100% suppression therapy for MRSA positive patients		Plans for isolation facilities shelved but a clear policy on cohorting Facilities in place Implement actions from SUI report – monitored by CGC Target achievement of screening and suppression therapy by March 2010 Lead: Director of Nursing and Clinical Development
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								High Priority Working with Insitute for Innovation. New ICP to be implemented. Sept 09 Director of Ops High priority

10.To develop and deliver a modern programme of teaching and research activities, by strengthening academic links with educational partners

2009/10 Directorate objectives:

MD1, MD2, NU3, HR2, PP1, FD1, AD1, AD2

Healthcare Commission core standards:

C11 Education & development, C12 research governance

10.1	Potential change of policy by UCL medical school. FOR REVIEW	3	3	9	SLAs with medical school/ universities SLA with Postgraduate Deanery/ SHA Risk Management and Governance Committee scrutiny	TB reviews regularly HMB reviews regularly SHA reviews regularly Substantial Assurance	Build clarity of links between Trust and policies of university MRHA accreditation (Medicines and Healthcare products Regulatory Agency)	Annual review and agree policy with UCL, and SHA, CEO/ Medical Dir. Medium Priority Action plan in place. External consultancy support
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